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THE treatment of urethritis by continuous irrigation has been occasionally suggested since 1862. On the 22d of March, 1887, Dr. George E. Brewer read a paper on this subject before the New York Dermatological Society, in which paper the present status of retrojection and irrigation was so thoroughly and clearly brought to the notice of the profession that but little remains for me to do beyond a recital of experience in its use, and deductions from such experience. I shall therefore be exceedingly brief in what I have to say, furnishing, as it were, a short chapter on retrojection in the make-up of the gonorrhœal entity, whose construction our assiduous secretary has mapped out as our work for the first day.

It was my pleasure to hear Dr. Brewer's paper read, and afterward to see retrojection carried out at the Roosevelt. As my own experience in the matter has been wholly related to cases in private practice, I wish to especially call attention to Dr. Brewer's statement regarding retrojection in this field. He says: "I have been able to collect thirty

* Read before the American Association of Genito-urinary Surgeons at its second annual meeting.

cases, all of undoubted acute gonorrhœal urethritis, in the secretions from which gonococci were found. In all of these the recovery took place within two weeks, the average date of recovery in the thirty cases being in $7\frac{2}{3}$ days."

Elsewhere Dr. Brewer, in speaking of his dispensary work, says: "Of the twenty-three cases of acute specific urethritis treated by irrigation with bichloride of mercury, marked improvement was earliest noticed on the first, and latest on the eighth day. Sixteen of these continued *until all purulent discharge ceased and were practically well.*" * At the annual meeting of the Kentucky State Medical Society in July last, Dr. E. M. Wiley read a paper on the abortive treatment of gonorrhœa by strong (1 to 6,000, 1 to 4,000) hot retrojections of mercuric bichloride, subsequent pain being assuaged by injections of cocaine. Dr. Wiley reported eight cases in which cures by this treatment had been effected in from a few days to less than two weeks. His paper contains the suggestive statement that "in several, however, a thin gleet discharge remained that was generally treated by bismuth injections."

At the same meeting, in my general report on progress in matters genito-urinary, I made the statement in reference to gonorrhœa that "it seems more and more firmly established that, be the treatment what it may, a cure in six weeks is a good result, and that a discharge from the urethra that yields to any treatment in two or four days is a bastard gonorrhœa that, in all probability, would have got well itself if let alone." This declaration, coming as it did in the face of my known practice and advocacy of retrojection and irrigation, was taken by many as a back-down on my part. I hope to-day to handle this form of treatment impartially, and to place it where it justly belongs among the

* Italics mine.

curative agencies at our command. My conclusions are drawn from the observation of one hundred and twenty-seven cases of recent urethritis in private practice seen during the fifteen months ending July 1, 1888. In practice and in phraseology I distinguish *retrojection* performed with a Jacque catheter from *irrigation* accomplished with a Kiefer nozzle. In each instance the treatment is based on the doctrine of microbial origin, and the agents used are hot water and some germicide, generally the bichloride of mercury. The details of application are already public property. Their recital may be found in the "Journal of Cutaneous and Genito-urinary Diseases" for May, 1887, or in Taylor's "Clinical Atlas." The experiences of Dr. Brewer and his *confrères*, Vanderpoel, Curtis, Halstead, and others, as recounted in the journal above referred to, are considerably more favorable than my own have been, and yet I must say that the methods that they have brought into notice have served to lessen to a remarkable degree that lack of self-confidence with which I was formerly wont to take charge of new cases of gonorrhœa. The methods under discussion may be briefly stated as the twice daily washing of the urethra with a quart of, say, a 1-to-10,000 solution of corrosive sublimate at, in round numbers, a temperature of 100° F. In the discussion that followed the reading of Dr. Brewer's paper, Dr. Halstead incidentally remarked that "in the near future gonorrhœa would cease to be a malady for the physician to treat, as the men about town would secure a retrojection outfit and readily cure themselves." I fear his adumbration will never become a reality. Something more is called for in the full cure of specific urethritis than the brilliant and beneficial results that so speedily follow hot mercuric retrojections, and I am quite sure, judging from my own experience, that, had the cases collated from private practice by Dr. Brewer and those

reported by Dr. Wiley been kept somewhat longer under observation, not a few relapses would have been found cropping out in each field of observation. The question here of prime importance is, "When is a genuine clap genuinely cured?" Many a patient treated by any method has, after an ordinary superficial inspection, been declared well and discharged, only to have a relapse and return to the doctor, or perhaps, with greater probability, go elsewhere for further treatment. In the latter instance, of course, the case stands on the surgeon's record-book as cured.

To come to my own cases and conclusions. Of the one hundred and twenty-seven cases observed, less than the fraction twenty-seven received during treatment two washings daily. This was due not to any fault on the part of myself or my assistants, one of us being always at post, but because of the fact that in four cases out of five a man with gonorrhœa, or indeed any other malady that permits of pursuit of vocation, can not or will not go twice daily and at stated hours to the doctor's for treatment. I should of course mention that in the digest of my cases I do not include those few cases in which the patients presented once, perhaps twice, and then, breaking appointment, disappeared. Of all patients regularly treated, considerably less than 50 per cent. got *one* daily irrigation for six weeks. In my records I find that almost invariably, or at least in a large majority of cases, two or three breaks occur, due of course to the inevitable in the life of every busy man. Of all cases, of those that never missed and of the more or less irregular, I find records of but two cures within eight days. Among what I may term my good cases are: One cured in four days, one in six, one in eleven, one in fourteen, one in twenty, two in thirty, and one in thirty-one.

Among what may be denominated my bad cases are:

One not cured in forty days, one not cured in forty-five, two not cured in sixty, one cured in ninety, one cured in one hundred and fifty, and one, in which the patient was put to bed in my infirmary and irrigated twice a day, with additional treatment, that got well in a little under six weeks. In all of my cases, except those few that got well rapidly, the "mixed treatment," to be referred to further on, was used.

What are the true place and value of hot mercuric retrojection? When should it be employed? And what is its status in relation to such complications as cystitis, epididymitis, and stricture? Corrosive mercury occupies in the treatment of gonorrhœa the identical position that it occupies in antiseptic surgery generally, as the antagonist of suppuration. It furnishes to the surgeon a sure and safe means by which the copious purulency of a typical gonorrhœa may be aborted in a few days, sometimes in a few hours. By its use, and with this action as just stated, there may result now and then absolute and speedy cure. In the majority of instances cases, while not cured, are made so nearly well, are so vastly improved, as to possibly mislead both the doctor and his patient into the delusive belief that all trouble is over. It is in the management of these latter cases that I would suggest a modification in modern treatment—a modification that may be termed here, like a justly popular mode of treating syphilis, "the mixed treatment."

I do not refer to internal treatment with sandal oil or Lafayette mixture, etc. This Dr. Brewer advocates—I mean a mixed *local* treatment. I have found that after the morning washout, or between the two daily retrojections, a cure is much facilitated, so soon as the acute stage subsides, by the use on the part of the patient of some one of the standard injections. I have also learned to think well of having him

bring his bottle and syringe to the office that he may follow the hot irrigation with the astringent.

After trying many medicinal agents in this mode of treatment I have limited myself to three—the corrosive chloride of mercury, carbolic acid, and boric acid; the first, which is also chiefest, to be used in water always as hot as can be borne.

In the matter of strength, the varying sensitiveness of different urethræ, and indeed of the same canal at different times, calls for solutions that in this respect differ widely. To meet this I employ tablet triturates containing a quarter of a grain each. One of these to the pint represents a solution of about 1 to 30,000. Two, three, sometimes as high as six, may be used at once. In preparing each pint of wash there may be added six ounces of 1-to-100 carbolic-acid solution, partly on general antiseptic principles, but chiefly that by its local anæsthetic action the pain produced by the chloride may be materially lessened. The boric solution, saturated, is best used in the stage of decline, cold, with or without the addition of the carbolic-acid solution and with the Kiefer nozzle. A pint of solution will, with a Kiefer nozzle, balloon the average penile urethra fifty times in twice as many seconds. Toward the end of the irrigation the exit-pipe may be kept closed by the finger for a moment or two, and thus the full action of the drug be exerted upon the entire cleansed and distended surface. Tannin, sulphate of zinc, and very many of the new coal-tar derivatives have been tried with negative results. The hot bichloride solution is pre-eminently *the* agent for this mode of treatment. It does not produce epididymitis, or cystitis, or stricture. Indeed, observing the rule of immediately previous urination, it may be used in this respect with absolute safety either in the height of the acute stage or during the decline. So used,

it may be relied upon to speedily reduce the discharge to that minimum that requires Ultzmann's bottle test for shreds for its detection. This done, except to prevent or correct relapse, it is my belief that mercuric retrojection or irrigation has accomplished its mission, and that other and older means of treatment, both general and local, are called for to complete the absolute cure.

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